National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia
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FOREWORD

I am pleased to share with you the National Standard Operating Procedures (SOPs) developed by the Sexual Gender-Based Violence Task Force as guidelines to ensure a coordinated and multisectoral approach to Sexual and Gender Based Violence (SGBV) prevention and response. These guidelines are intended for all actors involved in preventing and responding to SGBV in Liberia.

The continued prevalence of Sexual Gender-based Violence in Liberia and its devastating effect on women, children, families and communities has led to the development of these procedures. It is hoped that this standardized multi-sectoral approach will be adhered to by all actors.

The guidelines outline what response mechanisms should be put in place to care for survivors of SGBV. They also outline the role and responsibilities of all actors. The guidelines also ensure that agencies signing to the SOP are held accountable.

To effectively respond to SGBV, collaborative efforts and a multi-sectoral approach is needed. In this regard, I call upon all actors involved in prevention and response to SGBV to use these guidelines and coordinate efforts. Only such an approach will enhance and maximize the impact of our protection efforts.

I extend my gratitude to everyone who contributed to the development of these National SOPs. I would like in particular to mention:

- The Ministry of Health and Social Welfare (MOH)
- The Ministry of Justice (MOJ)
- The Liberia National Police (WACPS)
- The United Nation Mission in Liberia (UNMIL)
- The Office of the UN Resident Coordinator (RC)
- The United Nations High Commissioner for Refugees (UNHCR); and
- The Government/UN Joint Program on Sexual Gender-Based Violence.

The Ministry of Gender and Development authorizes the reproduction of any part of the SOPs, provided that:

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Kind Regards:

Minister of Gender and Development
I. INTRODUCTION/BACKGROUND FOR NATIONAL SOP FRAMEWORK

a) Background and Introduction

After fourteen years of brutal conflict, Liberia is gradually recovering from its national nightmare. Unemployment stands at a staggering 85%, and the very large mainly subsistence agriculture sector (70%) produces very little. Physical and social infrastructure and services including basic utilities, roads, health and education facilities and services, are in dire need of rehabilitation and recovery. For many years, gender inequalities in favor of men have existed in Liberia. The civil crisis made the bad situation worse, as Women and children were grossly mistreated. As emphasized in the Platform for Action of the United Nations Fourth World Conference on Women, “while entire communities suffer the consequences of armed conflict and terrorism, women and girls are particularly affected because of their status in society and their sex”. Despite the despair, there is hope. Liberia is now on the path to recovery. Non-violent, free and fair General and Presidential Elections were held in November of 2005, culminating in the inauguration of Africa’s first female president on January 16, 2006.

However there is still a long way to go. Gender based violence (GBV) continues to be a problem. The prevalence of SGBV is evidenced in a study\(^1\) in which 95% of the 1,216 participants had suffered some form of GBV out of which 73.9% of respondents had been raped during the war while 13.0% experienced rape after the conflict.\(^2\) In addition, rapes and SGBV were committed against women and girls indiscriminately no matter their ethnicity, race, religion or class is embedded in the cultural beliefs and behavior acquired during the prolonged conflict.

In the initial years of the post-conflict period perpetrators were mainly ex-combatants. In 2007, children under 18 were part of the 46% of reported cases to the Liberia National Police. Also in 2007, 38% of the 5,000 protection cases reported were of GBV nature and in the first three months of 2008, 1,935 cases were reported of which 34% related to GBV\(^3\). Perpetrators included family members, teachers, husbands and partners.

Rape among other sexual offences registered from September to November 2008 ranked the first.\(^4\) Most of the victims are young women and girls. This is evidenced in recent study\(^5\) conducted in the 15 counties of Liberia which indicated that victims are between the ages of 10 and 19. Rape is more prevalent in urban than in rural areas and 40.6% of the perpetrators are mostly young adults and middle-aged men who are 20 to 39 years old. Juvenile rapes are also being committed by children of the age of 10 and upwards. Poverty, lack of empowerment for economic sustainability, gender-based inequalities and continuous exertion of power by young men exposed to the use of the gun during the war are amongst the factors potentially contributing to the high incidences of rape.

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\(^1\) WHO Report on Sexual Gender based violence and health facility needs assessment (September 2005)
\(^2\) Government/UN Joint Programme to prevent and respond to GBV(June 13 2008)
\(^3\) Ibid
\(^4\) Sexual Crimes, committed on September, October, November 2008(UNPOL-December 2008)
\(^5\) Draft Study on Prevalence and Attitudes to Rape in Liberia (September to October 2008) Adwoa A. Parker Yarney
During the conflict the perpetrators were primarily members of the fighting forces but more recently the perpetrators are ex-combatants, community and family members, teachers, husbands and partners.

There are also reports of a high incidence of Sexual Exploitation and Abuse (SEA) in the society. Even though the conflict has ended, for very many Liberian women and girls there is strong evidence that the violence they experienced during the war still continues even in this time of peace. It is well documented that the consequences of gender-based violence transcend the physical and psychosocial well being of survivors. Besides the risk of sexually transmitted infections and unwanted pregnancies, survivors experience severe and debilitating mental health problems. At the socio-economic level, rejection by friends and family often leads to divorce, and social dysfunction, which may result in poverty.

Existing approach to prevention and responses to gender based violence centres mainly around a multi-sectoral and multi-agency framework which categorizes the various GBV interventions into 5 thematic areas: (1) psychosocial, including economic empowerment for women and girls (2) medical, (3) legal, (4) security and protection, and (5) Coordination. Cross cutting issues such as advocacy and monitoring and evaluation are also considered.

The National Gender Based Violence (GBV) Plan of Action was developed to provide appropriate skills to health and psychosocial providers, reform the legal system, to efficiently and effectively deal with issues of violence; establish outreach services all aimed at reaching out to the survivor. The aim of the Plan of Action is to minimize GBV by the year 2011 in Liberia. It is a multi-sectoral plan, which was designed by all actors involved in GBV prevention and response in Liberia’s 15 counties. The actors are government ministries, UN systems, international and national NGOs and Community Based Organizations (CBOs).

Recognising the prevalence of sexual and gender based violence (SGBV) and its devastating impact on women and children in particular, as well as families and communities these Standard Operating Procedures (SOPs) have been agreed upon to facilitate joint action by all actors to prevent and respond to SGBV. The prevention of and response to SGBV require the establishment of a multi-sectoral working group to enable a collaborative, multi-functional, inter-agency and community based approach. These SOPs, developed by representatives of the organizations, establish clear procedures, roles, and responsibilities for each actor involved in the response to SGBV. However it was noted that the representatives of the line ministries and the key coordinating ministry the Ministry of Gender and Development did not disseminate the information at the national level thereby making it difficult to hold the ministries accountable. It was also not known that agencies signing or providing particular services in these counties had legal premise to do so. Based on these and other factors, the need to have a National SOP was noted by the Ministry of Gender and Development (MoGD) and UNHCR. The purpose of the National SOP is to clarify objectives and standardize operations and establish the framework of accountability. The National SOP will also look at the strengthening coordination/referral procedures.

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6 Actors in different sectors such as a health-care agency, may have sector specific SOPs or protocols to deal with particular forms of abuse. In such cases, they should be attached as an annex to the SOPs.
b) Objective of the National SOP

The National SOP seeks to achieve the following:

1. Guide the implementation of the County SOPs
2. Standardize GBV response mechanism
3. Establish framework for accountability
4. Ensure all GBV actors adhere to best practise and minimum standards that meet international ethical guidelines

C) Agency obligation / commitment statement

All actors partied to this SOP have a responsibility to action to prevent gender-based violence, including Sexual Exploitation and Abuse. By way of appending their signatures to this standard, attests to commitment to do that appertains to the National Standard Operating Procedures. They shall, undertake actions that prevent and respond to GBV including and not limited to the following:

1. Influence changes in the socio-cultural norms through awareness raising and behavioural change strategies,
2. Empower women and girls
3. Seek all within capacity to rebuild family, community structure and support systems
4. Design safe, effective, and accessible services and facilities
5. Work with acceptable legal systems to ensure that their practices conform to international human rights standards
6. Monitoring gender-based violence reported incident data to identify problem areas

And shall fulfill there respective responsibilities as stipulated in agreed coordination mechanism, both at national and at the County levels.

d) Definition type and of SGBV

**IASC (2005)**

An umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females

**UNHCR (2003)**

Any harm that is done against a person’s will based on their gender and that has a negative impact on that person’s physical and psychological health, development, and identity

Examples of SGBV include but are not limited to the threat or occurrence of the following:

- Battering/Beating
- Rape
- Sexual exploitation
- Sexual abuse of children
- Dowry-related violence
- Marital rape
- Traditional practices harmful to women
- Early or underage marriage
Forced prostitution
Systematic Discrimination
Confinement
Girls being denied entry to school
Forced Marriage
Female Infanticide
Discrimination
Sexual Harassment
Spousal and Non-spousal violence

Violence related to exploitation
Psychological violence
Sexual abuse
Sexual harassment
Intimidation at work, in educational institutions and elsewhere
 Trafficking in women
Economic Abuse and Control
Female Genital Mutilation

e. Ethics

“Ethics” can be defined as a system or code of moral values that provides rules and standards of conduct. The three primary ethical principles that should guide all inquiries involving human beings (including methods used to collect information) are as follows:

1) Respect for persons, which relates to respecting the autonomy and self-determination of participants, and protecting those who lack autonomy, including by providing security from harm or abuse.

2) Beneficence, a duty to safeguard the welfare of people/communities involved, which includes minimizing risks and assuring that benefits outweigh risks.

3) Justice, a duty to distribute benefits and burdens fairly.

In emergency settings, dependency, loss of autonomy, breakdown of community/social systems and ongoing security threats are the norm. Sexual violence inquiries in these settings must therefore take special care to understand how best to meet the obligations contained in these principles.

These principles have several important implications for sexual violence information gathering. The obligation to distribute the benefits of information gathering, for instance, requires careful consideration of:

- how information will be used,
- who will see it,
- how the information will be reported and to whom,
- for what purposes will it be reported, and
- who will benefit from it and when.

An equally important question is whether the information that is being sought is truly needed. This may be especially pertinent, given that, in some situations, there is a risk that sexual violence is being “over-researched”. This risk arises when multiple sexual violence inquiries are conducted in the same place, by different organizations or individuals, with little or no information sharing or coordination.
f. Guiding Principles

All actors agree to extend the fullest cooperation and assistance to each other in preventing and responding to SGBV and agree to adhere to the following set of guiding principles:

**Guiding Principles for the Programme**

1. Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls.\(^7\)
2. Ensure equal participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory assessment\(^8\).
3. Ensure coordinated multi-sectoral action by all actors.
4. Strive to integrate and mainstream actions.
5. Ensure accountability at all levels.

**Guiding Principles for Individuals**

6. Ensure the safety of the victim/survivor and his/her family at all times.
7. Respect the confidentiality\(^9\) of the affected person(s) and their families at all times. Before sharing information, explain the purpose and the exact scope of information sharing to the survivor and share information only if the survivor has given her/his explicit written consent. Information should only be shared with actors charged with providing assistance. Also respect confidentiality as related to the alleged perpetrator.
8. Respect the wishes, rights, choices and dignity of the victim(s)/survivor(s) when making any decision on the most appropriate course of action to prevent or respond to an SGBV incident, while also bearing in mind the safety of the wider community as well as the individual concerned.
9. Ensure non-discrimination in the provision of services.
10. Apply the above principles to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide\(^10\) and the appropriate procedures should be followed. Special procedures for working with child survivors and child perpetrators are described in the section on responses.
11. Interviews should be conducted in a private setting with staff, including translators that are the same sex as the survivor, if possible. Interviewers should be non-judgmental, patient and good listeners. Only relevant questions should be posed. The survivor should not be asked to repeat her/his claim multiple times.

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\(^7\)See SGBV Guidelines, UNHCR, *Involving the family and the community*, pp. 80-84.

\(^8\)See UNHCR’s Tool for Participatory Assessment in Operations, 2006.

\(^9\)Confidentiality: Refugees and other persons of concern to UNHCR provide information for their own protection with the understanding that this information will not be shared with others without their consent. UNHCR has an obligation to respect the confidentiality of personal case histories as elaborated in UNHCR’s Confidentiality Guidelines, IOM/71/FOM/68 24 August 2001.

II. THE CRIMINAL PROCEDURE

The criminal justice approach to domestic violence and sexual assault and abuse is one pillar of an integrated response to GBV in Liberia. While these offenses are always considered as crimes against the Republic of Liberia, they are prosecuted only when the survivor/victim chooses to report the offense to the police. It is the survivor/victim’s choice to report the crime and thereby initiate prosecution.

Once the survivor/victim has reported, however, then the state (not the survivor/victim) has the responsibility to investigate the case and prosecute the offense. It is not the survivor/victim’s responsibility to push the case through each phase of the system11.

a. Phases of a GBV Case

In a criminal case, the legal process may be broken down into the following phases:

1. Reporting: The criminal process is set in motion when the survivor/victim reports the crime to the police. S/he may have first consulted a medical practitioner, friend, family member or a counselor who may accompany the survivor/victim to the police station.

2. Investigation: The police will seek to establish whether the offense actually took place, find the perpetrator(s) and ultimately build a case against him or her. They will interview witnesses, visit the crime scene and gather evidence. Once they have evidence sufficient to establish probable cause, they will prepare a charge sheet to obtain an arrest warrant.

3. Bringing the case to court: Once the perpetrator/defendant is arrested, s/he is brought to the magistrate for ‘presentation’ or ‘first instance’ by the police or sheriff. The magistrate will advise the perpetrator/defendant of his or her rights and determine bail. If the perpetrator/defendant qualifies for and pays the bail, s/he may be released until trial.

   In non-sexual offenses, including assault, aggravated assault, or terroristic threats, the Magistrate has the authority to hold a preliminary examination to determine whether there is probable cause that the perpetrator/defendant committed the crime. If the perpetrator/defendant waives his or her right to a preliminary examination, or if the magistrate finds probable cause at the preliminary examination, the magistrate will transfer the case to the Circuit Court. The clerk of the Circuit Court will refer the file to the county attorney, who will evaluate the evidence and present the case to the grand jury for indictment.

   In sexual offense cases, the magistrate must transfer the case to the Circuit Court within 72 hours of arrest without preliminary examination. Magistrates no longer have jurisdiction over preliminary investigatory matters in sexual offense cases, including preliminary examinations12.

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11 The survivor/victim has the right to receive updates on the case and can consult the prosecutor/counsel in this regard.

12 Following the enactment of a legislation on 11 September 2008 providing for the establishment of a specialized court for the trial of SGBV cases, the UNFPA supported the Ministry of Justice and the Judiciary in refurbishing and establishing a fully dedicated Criminal Court ‘E’, which was officially inaugurated by the Hon’ble President of Liberia on 3 December 2008 and became operational in February 2009.
4. **Trial:** Once the defendant is indicted, the case is presented to a jury who will ultimately determine if the defendant is guilty beyond a reasonable doubt.

5. **Post trial:** After trial, the defendant may appeal the conviction or sentence to the Supreme Court as a matter of right. The prosecution may appeal an order granting a motion to dismiss an indictment or an order granting a motion for judgment of acquittal.

b. **Types of Crimes**

**Sexual violence:** Depending on the circumstances of the crime, law enforcement may charge the perpetrator/defendant with the following crimes: rape, sexual assault, aggravated involuntary sodomy, voluntary sodomy, corruption of minors, sexual abuse of wards, incest, forced marriage, trafficking in persons, kidnapping, criminal coercion, harassment, facilitating prostitution. Law enforcement should charge the defendant with multiple offenses where multiple crimes have been committed against the victim.\(^{13}\)

**Domestic violence:** Domestic violence, or violence between intimate partners, is also a crime in Liberia. Law enforcement shall never attempt to dissuade the survivor/victim from prosecuting the perpetrator.

Where evidence is sufficient to establish probable cause, law enforcement shall prosecute the perpetrator/defendant. Crimes that constitute domestic violence may include: aggravated assault, simple assault, offensive touching, terroristic threats, menacing, felonious restraint, unjustifiable abortion, interference with custody, false imprisonment.

### III. GUIDING PRINCIPLES FOR LAW ENFORCEMENT AGENCIES

Generally all the actors in fulfilling their duties to aid in the enforcement and upholding of the law shall:

- Have full and up to date knowledge of the law.
- Provide accurate and full information to both the survivor/victim and perpetrator/defendant.
- Treat the survivor/victim with dignity and respect. Actors shall:
  - Promote the health and safety of the survivor/victim by providing referrals to appropriate medical or psychosocial services (especially within the first 72 hours of the incident).
  - Never blame or judge the survivor/victim.
  - Never ask the survivor/victim to repeat her story unnecessarily or ask unnecessary questions.

\(^{13}\) For example, where a survivor/victim was taken from her home and raped elsewhere, the defendant/perpetrator should be charged with kidnapping and rape.
Never coerce the survivor/victim into reporting a crime. Whether or not to report an offense to authorities is his or her own choice.

Maintain confidentiality of a survivor/victim’s personal information unless disclosure is permitted by court order or the consent of the survivor/victim or guardian.

Assist the survivor/victim to understand court proceedings.

Shield survivor/victims, their families, and witnesses from any form of intimidation.

Avoid unreasonable or unnecessary delay in the disposition of cases and execution of orders granting awards to survivor/victims.

Protect the rights of the perpetrator/defendant.

Act ethically and professionally.

a. Responsibilities for Prevention
In addition to their legal responsibilities, legal and judicial actors should:

- Maintain adequate security presence: Women and Children Protection Section (WACPS) desks should be provided in all police stations country-wide;
- Through informal and formal networks, maintain awareness of protection and security issues related to GBV;
- Provide information about protection and security issues to other health, psychosocial and legal response actors;
- Provide accurate information about the rights of victims/survivors and perpetrator/defendants regarding the law, legal process and the roles of legal actors;
- Work to improve laws/legislation regarding GBV;
- Apply relevant laws and policies and adjudicate GBV cases with minimal delays; and
- Coordinate with and support other actors in prevention efforts.

b. Maintaining Confidentiality
In the judicial process, documents that are admitted into the court record are a public record. But for the safety and privacy of the survivor, it is crucial to keep as much information as possible confidential. Therefore, judicial actors shall:

- Redact personal information (such as the address of the survivor/victim) from any court documents that will be filed and made public.
- Keep records that have not been admitted into the court record confidential: maintain all records of SGBV crimes in a secure area (such as a locked filebox) and never leave files unattended in the office or at court.
• Never disclose information about the survivor/victim that is not in the public record to outsiders, the press, family members, or even psycho-social or health care providers without the survivor/victim’s written permission. For more information on confidentiality of medical records, see VI. Guidelines on Medical Evidence.

• Sign an agreement of confidentiality, pledging to keep this information private during and after employment.

c. Prohibitions

Judicial actors\textsuperscript{14}

- Must not take part in “compromising” any GBV-related offenses (including domestic violence): out of court negotiations or payment of money between the families of the survivor/victim and the perpetrator/defendant.

- Must not advise survivors or perpetrators to compromise the case to prevent the case from coming before a court of law.

- Must not solicit or accept any bribe from any party to drop the case. The crime of bribery is a second degree felony. See Penal Law, s. 12.50.

- Must not solicit, accept, or agree to accept anything of pecuniary value in exchange for fulfilling – or failing to fulfill – a public duty. The crime of unlawful rewarding of public servants is a first degree misdemeanor. See Penal Law, s. 12.51.

- Must not employ delaying strategies with a view to defeat justice. See Penal Law, s. 12.41.

- Must prevent jury tampering. Jury tampering is the crime of unduly attempting to influence the composition and/or decisions of a jury during the course of a trial. Jury tampering includes: attempting to discredit potential jurors to ensure they will not be selected for duty, bribing or intimidating jurors, or contacting jurors to provide prohibited outside information and then arguing for a mistrial.

- Must not solicit or accept any court fees in a GBV case, including fees to secure writ of arrest, execution of arrest, or indictment. There are no court fees in criminal matters.

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\textsuperscript{14} See, Basic Principles on the Independence of Judiciary, 1985
IV. PROCEDURES AND RESPONSIBILITIES IN PREVENTION AND RESPONSE BY SECTOR

A. SECURITY

Security actors

a) Liberia National Police (supported by UNPOL)

b) Community policing forums

c) Child welfare committees

d) Community

e) The family

1. LNP-Roles and responsibilities

The Police are responsible for enforcing the law. Where a crime has been committed they carry out investigations and gather evidence to determine whether a crime did in fact occur.

In as far as possible, interviews with survivors of crimes related to GBV, and any witnesses should be conducted by police from the WACPS who have received training on how to handle these crimes.

- Ensure safety/survival of the victim and give information about existing security measures that can prevent further harm.
- Ensure the protection of the alleged perpetrator.
- Maintain adequate security presence: WACPS desks should be provided in all police stations country-wide.
- Through informal and formal networks, maintain awareness of protection and security issues related to GBV.
- Provide information about protection and security issues to other response actors that is health, psychosocial and legal.
- Participate in awareness raising activities within communities.

2. Community Policing Forum

The role of the community policing forums is to act as a link between the community and the police and vice-versa through information dissemination.

Roles and responsibilities
- Refer all cases to the SGBV Crimes Unit by encouraging the survivor to report;\(^{15}\)
- Refer all cases to the police by; (i) encouraging survivors to report,
- Provide support to the survivor with a view to minimising stigma and promoting individual rights.
- Participate in awareness raising activities within communities.
- Through community networks, maintain awareness of protection and security issues related to GBV and share information with other actors.

Limitations

- Members of the forum are not police officers and therefore should in no way assume the duties\(^{16}\) of a police officer.
- Have no power/authority to detain suspects

Training and capacity building with community policing forums

All community policing forum members should receive training on GBV and their role in responding to related crimes

3. Child Welfare Committees, women’s groups, men’s groups, youth groups and other community groups

These groups often play a key role in response to GBV as they are often the first point of contact and thus form a part of the referral process.

Roles and responsibilities

- Refer all cases to the police by encouraging survivors to report cases and follow through with the legal process.
- Provide support to the survivor with a view to minimising stigma and promoting individual rights.
- Participate in awareness raising activities within communities.

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\(^{15}\) The SGBV Crimes Unit, which was formally inaugurated by the Hon’ble President of Liberia on 27 February 2009 and became operational by April 2009. The Unit established a Hotline\#06270114 and receives SGBV cases 24x7.

\(^{16}\) Can effect arrests of suspected perpetrators but without the use of force, as provided by the constitution
- Promote behaviour change and influence positive changes in socio-cultural norms and promote respect for human rights and women's rights.

**Training and capacity building with community groups**

All community groups/members should receive training on GBV and their role in responding to related crimes

- Monitor cases
- Gather and preserve information
- Prepare complaints for submission to appropriate offices;

Make appropriate referrals to other service providers in accordance to the wishes of the survivor.

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**B. LEGAL/JUSTICE**

**Roles of Legal and Judicial Actors**

**Judges and Magistrates**

Judges and magistrates have the duty to:

- Ensure that the legal process is carried out in accordance with the law.
- Ensure that GBV cases are prioritized for hearing.
- Protect the safety of the survivor/victim and other witnesses throughout the legal process.
- Protect the rights of the perpetrator/defendants by advising perpetrator/defendants of their rights, ensuring perpetrator/defendants’ presence at all stages of proceedings, appointing counsel where appropriate, and instructing the jury on the burden of proof.
- Create an atmosphere of respect for survivor/victims and the sensitive subject matter within the courtroom.
- Hold all trials of sexual offenses in the Circuit Court in camera. *See An Act To Amend the New Penal Code Chapter 14 Sections 14.70 And 14.71 and to Provide for Gang Rape, s. 1.5(a).* Trials may be held in the courtroom, but the judge may clear both the courtroom and the environs to ensure that the public does not crowd the windows.
- Instruct the jury accurately and fully on the law as it relates to GBV.
- Respect all court actors and observers.

**Sheriff**

The primary duty of the Sheriff is to carry out all court precepts. In relation to GBV he/she will:

- Ensure the service of the court process.
- Protect the safety of the survivor/victim and if relevant her family while in court by preventing intimidation from the perpetrator/defendant or his friends and family.
Clerks of Court and Other Court Officials
Under the direction of the presiding judge or magistrate, clerks and court officers have the duty to:

- Ensure that GBV cases are placed on the docket in a way that is consistent with the law.
- Ensure that proper records of the proceedings are kept.
- Ensure that all evidence admitted by the court is properly recorded, labeled, and kept in a safe place to prevent tampering.
- Ensure confidentiality of records that are not part of the public record.

Defense Counsel (includes defense counsel, private attorneys and attorneys working in ‘legal aid’)
Defense counsel has the duty to:

- Respect the rights and dignity of the survivor/victim.
- Protect and promote the rights of the perpetrator/defendant through zealous advocacy.
- Clearly and honestly inform the client of the procedures, limitations, pros and cons of all existing legal options.
- Prepare thoroughly for trial, including investigating the facts, finding and preparing witnesses to testify, and researching the law.
- Represent the perpetrator/defendant in court.
- Preserve the confidences of their client. (Note that a client’s disclosure of future plans to commit a crime is not protected under client/lawyer confidentiality).

Prosecutors (includes County Attorneys, City Solicitors and privately hired prosecutors)
Prosecutors have the duty to:

- Coordinate with other actors, including police, health professionals, victim advocates, or psycho-social counselors to promote the investigation of the crime and support for the survivor/victim.
- Evaluate the evidence to determine whether or not to prosecute. He/she will evaluate reports of the alleged crime to determine if sufficient evidence exists, or could be obtained, in order to file criminal charges.
- Work with the police to continue to investigate the crime and gather evidence until trial.
- Respect the rights of the survivor/victim and perpetrator/defendant and treat them with dignity.
- Keep the survivor/victim informed about the case. Clearly and honestly inform the client of the procedures, limitations, pros and cons of all existing legal options, including whether and why the prosecutor decides to prosecute a case.
- Prepare thoroughly for trial, including investigating the facts, finding and preparing witnesses to testify, and researching the law.
Inform witnesses of upcoming hearings and prepare necessary subpoenas.

Try the case before the court.

Appeal cases or represent the government on appeal (ILCRL Tit 2 Sec 24.3).

**Ministry of Justice-MOJ**

Ministry of Justice (MOJ) has the responsibility to:

- Recruit and place qualified court personnel in county magistrate courts and circuit courts in a timely fashion.
- Provide or facilitate ongoing training to law enforcement, including LNP officers, city solicitors, and county attorneys.
- Liaise with the LNP to ensure effective and ethical investigations of SGBV cases.
- Coordinate with the Ministry of Gender and the Judiciary to ensure an integrated, effective response to GBV.
- Provide resources so that LNP, sheriffs, prisons, and witnesses have the transportation that they need to protect the rights of defendants and to promote efficient prosecution.
- The Ministry of Justice shall provide resources for the transportation and lodging of survivor/victims and other prosecution witnesses during trial.

**SPECIAL DUTIES OF PROSECUTORS: PROFESSIONAL ETHICS**

According to the Code of Moral and Professional Conduct, prosecutors have the following duties as both lawyers and prosecutors:

**Lawyer's Duty to the Courts**

- A lawyer shall not advise, initiate, or participate in any act that undermines the authority, dignity, and integrity of the courts. (Rule 1)
- A lawyer shall not converse privately with a judge about a case that is either in trial or pending trial. (Rule 2)
- A lawyer shall never attempt to gain professionally from a personal relationship with the judge. (Rule 3)
- A lawyer shall never bribe a judge. (Rule 3)
- A lawyer shall be punctual – s/he shall always be on time for court appearances, shall be prompt in filing motions, and shall avoid tardiness in all of his or her responsibilities as attorney. (Rule 21)
• A lawyer shall ensure that court records, minutes, precepts, and other legal documents are always legally prepared and handled. A lawyer shall be suspended, and disbarred on second offence if he is found to have engaged in the illegal preparation or falsification of court records or documents. (Rule 25)

Prosecutor’s Duty to the Republic

• The prosecutor’s client is the government of Liberia. And the prosecutor’s duty is not to convict, but to see that justice is done. Therefore, the prosecutor shall never suppress evidence that is favorable to the defendant, including witness testimony. (Rule 7)

• If the defendant is represented by counsel, the prosecutor shall never communicate with the defendant directly. If the defendant is not represented, the prosecutor shall avoid misleading the pro se defendant. (Rule 12)

• The attorney shall always treat adverse witnesses with fairness and due consideration. (Rule 18)

Prosecution and the Press

The prosecutor shall not discuss a pending or anticipated criminal prosecution with a reporter or the public. In the rare event that extreme circumstances justify a statement to the public, the prosecutor shall only refer to the facts and the papers on record with the court. (Rule 20)

Duty of Honesty and Candor

The prosecutor shall be candid and fair, and therefore shall never:

• Knowingly misquote the contents of a paper, the testimony of a witness, the language of the argument of opposing counsel, or the language of a decision or a text book.

• Cite as authority a decision that has been overturned or recalled, or a statute that has been repealed.

• Assert as fact that which has not yet been proved.

• Offer evidence which he knows the court should reject. (Rule 22)

Dealing with the Jury

• An attorney shall never attempt to flatter the jury during the trial to solicit their favor.

• An attorney shall never converse privately with any member of the jury before the jury has returned a verdict.

• An attorney shall never offer money or favors to any juror during the case. (Rule 23)

Duty of Confidentiality and Conflict of Interest

• A lawyer has a duty to preserve the confidences of their client.
• This privilege extends beyond the life of the client and the current employment of the attorney. An attorney must not take clients in the future that would lead the attorney to disclose or rely on privileged information. (Rule 35)

C. HEALTH AND PSYCHOSOCIAL

SUMMARY

• The health and welfare of the patient is the foremost priority.
• Ideally the health care and legal (forensic) services should be provided at the same time and place by the same person.
• Health workers should receive special training in providing services for victims of sexual violence and should also have a good understanding of local protocols, rules and laws applicable to the field of sexual violence.
• There should be a constructive and professional relationship with the other individuals and groups treating and assisting the victim or investigating the crime. Networking with other service providers can help ensure comprehensive care.
• Health workers should be free of bias or prejudices and maintain high ethical standards in the provision of these services.
• Resource constraints may preclude the possibility of service provision in an ideal facility, but it is possible to improve the quality of existing facilities by ensuring they are accessible, secure, clean and private.

Who may provide clinical/psycho-social management of survivors of SGBV?

Given appropriate knowledge and training any health worker in a health or medical facility should be able to provide first level health care to victims of sexual violence. Expertise in the field will develop with further training, professional support and given adequate resources. Ideally, all health workers (i.e. nurses, physicians, social workers, mental health professionals) who come into contact with victims of sexual violence should receive appropriate training; this applies particularly to nurses and physicians who conduct physical examinations of victims of sexual violence and to those who provide services to children and to the courts. In addition to initial training, health practitioners should also be given the opportunity to further their education and training and to participate in quality control and peer review processes.

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17 WHO Guidelines for medico legal care for victims of sexual violence

18 WHO guidelines for medico legal care for victims of sexual violence Page 18
In many settings, the sex of the health worker may be a critical issue. Directors or managers of health care facilities should ensure that female nurses or physicians are available whenever possible. If necessary, efforts to recruit female examiners should be made a priority.

Only licensed practitioners who have been trained by approved Ministry of Health and Social welfare trainers using the approved National training Tools may engage in the provision of care for these set of clients.

Roles and responsibilities of Health and Psychosocial care workers

<table>
<thead>
<tr>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td><strong>Training should be given to all County Health Team and Health staffs on GBV and SEA awareness</strong></td>
</tr>
<tr>
<td>• Provide medical response to include:</td>
<td>• In all facilities, provide sensitization on GBV and SEA issues as part of health education activities</td>
</tr>
<tr>
<td>• Examination, history taking and basic counselling</td>
<td>• Signatories should send one health representative to county GBV taskforce meetings</td>
</tr>
<tr>
<td>• Provide necessary treatments based on the MOH Protocols and encourage follow-up</td>
<td>• Guiding Principle: Device and enforce a health COC.</td>
</tr>
<tr>
<td>• Complete and provide the medical report and keep any necessary evidence</td>
<td>• Hospital and health facility policies ensure that perpetrators are not discriminated against when seeking health care</td>
</tr>
<tr>
<td>• Refer to relevant sectors, i.e. psycho-social, legal etc</td>
<td>• Appropriate health personnel providing services to GBV survivor/victims are mandated to testify in court when and if required to do so</td>
</tr>
<tr>
<td>• Every referral hospitals should identify a GBV focal person</td>
<td>• Signatories should send one health representative to county GBV taskforce meetings</td>
</tr>
<tr>
<td>• Appropriate health personnel providing services to GBV survivor/victims are mandated to testify in court when and if required to do so</td>
<td>• Guiding Principle: Device and enforce a health COC.</td>
</tr>
<tr>
<td>• Provide health care for perpetrators(s)</td>
<td>• Hospital and health facility policies ensure that perpetrators are not discriminated against when seeking health care</td>
</tr>
</tbody>
</table>

| Psycho-social | |
| Response: | **Prevention** |
| • Provide psycho-social counselling for GBV survivors, families and perpetrators | • Create awareness on GBV issues (training and sensitization) |
| • provide and advocate for supportive rehabilitation and social re-integration recovery services | • Mainstream GBV in all programs |
| | • Promote/refer survivors of GBV for self reliance and empowerment programs (skills |
• Refer survivors for appropriate supportive services as above
• provide spiritual, family support and healing services for GBV survivors
• provide case management

<table>
<thead>
<tr>
<th>Ministry of Health and Social Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mobilize resources and raise funds to address health and psychosocial needs of GBV survivors</td>
</tr>
<tr>
<td>2. Integrate GBV prevention and response activities in all national health and psychosocial programs</td>
</tr>
<tr>
<td>3. Strengthen network among health and psychosocial actors</td>
</tr>
<tr>
<td>4. Collaborate/liaise with security and legal sectors to improve survivors services</td>
</tr>
<tr>
<td>5. Build (human) capacity of health and psychosocial workers (well trained, motivated and supported staff) at national and local levels to respond to health and psychosocial needs of GBV survivors at all times.</td>
</tr>
<tr>
<td>6. Conduct ongoing training and supportive supervision for all health and psychosocial workers</td>
</tr>
<tr>
<td>7. Monitor and supervise health and psychosocial workers to ensure their activities with survivors are in line with the national standard operating procedures (SOP)</td>
</tr>
<tr>
<td>8. Ensure community participation in GBV prevention and response activities</td>
</tr>
<tr>
<td>9. Enhance information sharing and coordination</td>
</tr>
<tr>
<td>10. Lead situational analysis assessment; and conduct regular assessment on quality of care for GBV survivors</td>
</tr>
<tr>
<td>11. Maintain a confidential database system on health and psychosocial interventions</td>
</tr>
<tr>
<td>12. Use data to ensure that policies, protocols, training and awareness raising materials are standardized and implemented to improve GBV prevention and response interventions</td>
</tr>
<tr>
<td>13. Ensure community participation in GBV prevention and response activities</td>
</tr>
<tr>
<td>14. Ensure that there is a code of conduct in place for all health and psychosocial workers and must be signed and adhered to by all</td>
</tr>
<tr>
<td>15. Ensure that healthcare and Community services are available and accessible to all vulnerable population (women and children).</td>
</tr>
</tbody>
</table>

• Stop blaming survivors (no one deserves to be hurt)
• Provide psycho-social services for perpetrators and support persons
V. COORDINATION BY THE MINISTRY OF GENDER AND DEVELOPMENT

Effective response and prevention of Gender Based Violence requires coordinated multi-sectoral action among different actors, health, legal, protection, education, human rights, security sectors, different ministries and the community.

**Overall aim of coordination:** To provide accessible, prompt, confidential and appropriate services to survivors according to a basic set of guiding principles and to put in place mechanisms to prevent and response to incidents of sexual violence.

In order to achieve the above goal, the Ministry of Gender and Development, as the lead Ministry will be responsible for establishing the overall coordination mechanism and orient partners in the country.

**Key Actions**

a. Establish Inter-Agency Multi-Sectoral GBV working groups comprising of UN Agencies, Government Ministries, Local and International NGOs; at the National and County level;

b. Establish mechanisms for promoting collaboration and ensuring complementarities through mapping, monitoring and controlling duplication of efforts and projects among agencies and partners on SGBV activities;

c. Develop a Action Plan for the coordination, prevention and response to Gender based violence. All participating agencies contribute to the development of the Action Plan and commit to the active involvement in implementation of the Action Plan.

d. Compile and disseminate a resource list of organizations, focal points and services for prevention and response to gender-based violence;

e. Establish a system for receiving and documenting gender based violence incident using an agreed incident reporting form;

f. Establish mechanisms for enforcement, collating data and reporting information to all actors;

g. Establish mechanisms for enforcement of the Code of Conduct related to GBV;

h. Provide access to information material to all stakeholders through various means like media, CD, emails, flyers, print, etc.

i. Mobilize resources and ensure accountability in use of resources;

j. Conduct information-sharing/best practices workshops between stakeholders to enhance participation to tackle GBV;

k. Establish a monitoring and evaluation plan for consistent and systematic monitoring of key actions, data and documenting progress in implementation of GBV prevention and response actions;

l. Provide overall leadership and post relevant information in public area;
Specific coordination responsibilities

a. Facilitate the holding of monthly multi-sectoral GBV Task force meeting at the National and county level
b. Share information about resources, guidelines and other materials
c. Share data about gender based violence incidence
d. Facilitate discussion and problem-solving about prevention and response activities
e. Conduct collaborative monitoring and evaluation including regular monitoring and on the spot visits to GBV partners
f. Ensure coordination of services to survivors

VI. MONITORING AND EVALUATION

The Ministry of Gender and Development in collaboration with other partners will carry out regular assessment to ensure that:

- All Counties have County SOP's and are implementing activities in line with the said SOP by end of 2009
- Existing SOP are revised in line with the national SOP
- All signatories to the existing County SOP and new registering members must fulfill the criteria outlined by the national SOP
- The MoGD will conduct quarterly monitoring for county SOP’s in addition, half yearly joint monitoring visits will be carried out with other partners
### VII. LIST OF PARTICIPATING MINISTRIES AND AGENCIES

**Developed in Collaboration with:**

<table>
<thead>
<tr>
<th>Ministry of Gender and Development (MoGD)</th>
<th>Ministry of Justice (MOJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health and Social Welfare (MOH)</td>
<td>United Nations Resident Coordinator’s Office (UNRC)</td>
</tr>
<tr>
<td>Liberian National Police (LNP)</td>
<td>United Nations Population Fund (UNFPA)</td>
</tr>
<tr>
<td>United Nations Development Fund for Women (UNIFEM)</td>
<td>Norwegian Refugee Council (NRC)</td>
</tr>
<tr>
<td>Save the Children UK (SC-UK)</td>
<td>MERLIN</td>
</tr>
<tr>
<td>Carter Centre</td>
<td>UNPOL</td>
</tr>
<tr>
<td>Christian Children Fund (CCF)</td>
<td>UNMIL Legal</td>
</tr>
<tr>
<td>International Rescue Committee (IRC)</td>
<td>UNMIL Human Rights</td>
</tr>
</tbody>
</table>
Annexe 1: Example of Medical Reporting Form

Ministry of Health and Social Welfare
Republic of Liberia

MEDICAL REPORT

THIS FORM IS TO BE PROVIDED FREE OF CHARGE TO THE PATIENT

Instructions for completion: This medical report has been specifically designed for reporting on the results of a medical examination following a complaint of sexual violence or abuse and is to be completed by the examining medical doctor, physician’s assistant, registered nurse, certified nurse midwife or certified midwife. Please print legibly.

Section 1: Patient Information

Name: First ______________________ Last _____________________ Sex ______

Date of Birth: Month _______________ Day ______ Year _________ Age ______

Town/Village and County of Residence ______________________________________

Name of Accompanying Individual ___________________________________________

Relationship to Patient ____________________________________________________

Section 2: Examiner Information

Name: First ______________________ Last _____________________

Title/Position (Check one):

Medical Doctor Physician’s Assistant Registered Nurse
Certified Nurse Midwife Certified Midwife

<table>
<thead>
<tr>
<th>License Number:</th>
<th>License:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of License:</th>
<th>Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Examination:</th>
<th>Place of Examination:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name and Signature or Finger Print of Patient:

<table>
<thead>
<tr>
<th>Signature of Examiner:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3: Patient’s Description of Incident

Instruction: *Using patient’s own words please record as accurately as possible the patient’s description of the incident.*
Section 4: Patient’s Description of Violence Used by Perpetrator

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>Yes</th>
<th>No</th>
<th>Description of type of violence used and area of body where applied, for example: Hit with fist on head and face</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimidation or threats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restraints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapons used or threatened</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs or alcohol administered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Number of Assailants ________________

Ejaculation: Yes ☐  No ☐  Sure ☐  ☐

If yes, location of ejaculation: Vagina ☐  Rectum ☐  Mouth ☐  Other Location ☐  Specify: ______________________

Name and Signature or Finger Print of Patient:

Signature of Examiner: ____________________________  Title: ____________________________

Facility: ____________________________  Date: ____________________________

Section 5: Patient’s Description of Penetration

<table>
<thead>
<tr>
<th>Penetration by</th>
<th>Yes</th>
<th>No</th>
<th>Description of penetration including what part of patient’s body was penetrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Object</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom used</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 6: Forensic Evidence Collection

Complete the following section if patient arrives for treatment within 72 hours of incident and forensic evidence is collected.
After incident, did patient Yes No

Vomit Change clothes?

Urinated Wash, shower or bathe?

Defecate Use a pad or tampon?

Rinse mouth Engage in consensual sexual intercourse?

Prior to incident, when was the last time patient engaged in sexual intercourse?

___________________________________________________________________________

Are there any medical complaints related to the incident? If so, describe:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Name and Signature or Finger Print of Patient:

Signature of Examiner: Title:

Facility: Date:

Section 7: Medical Examination

- Height Weight: Leave blank
Name and Signature or Finger Print of Patient:

Signature of Examiner: Title:

Facility: Date:

Appearance (state of clothing, hair, etc.)

Mental Status (as observed by examiner (i.e. crying, calm, agitated, etc.)

Section 8: Genital Examination

Date of last menstrual period: ________________________________

Menstruating at time of incident: Yes ☐ ☐
### Vulva/Scrotum
- Introitus/Hymen

### Anus/Rectum
- Vagina/Penis

### Cervix (Speculum examination)
- Bimanual Pelvic Examination

<table>
<thead>
<tr>
<th>Name and Signature or Finger Print of Patient:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature of Examiner:</strong></td>
<td><strong>Title:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility:</strong></th>
<th><strong>Date:</strong></th>
</tr>
</thead>
</table>
Annex 2: CONSENT FOR RELEASE OF HEALTH INFORMATION

Ministry of Justice of the Republic of Liberia

CONSENT FOR RELEASE OF HEALTH INFORMATION

To the person completing this form:
Read the entire form to the survivor/victim. Explain that health records are confidential and only the patient (or the guardian of a minor) may grant permission to a health clinic to release the records. The survivor/victim may choose to release her records to the police, city solicitor, or county attorney to provide evidence for the prosecution. Obtain the signature or “X mark” of a survivor/victim/patient or a guardian if the survivor/victim is under the age of 18. Gaining consent is mandatory before seeking to obtain or sharing any information. Please note that if consent is not given, no identifying information (name, contact details) may be disclosed.

Survivor/victim (or parent or guardian of survivor/victim under the age of 18):
I, _________________________________, give my permission for the information share regarding the incident described in this Medical Report Form, as well as other information regarding medical treatment to be forwarded
FROM: Health Clinic
__________________________________________
__________________________________________
__________________________________________
__________________________________________

TO: Police / Prosecution
__________________________________________
__________________________________________
__________________________________________
__________________________________________

for the purpose of investigating and prosecuting this offense. I understand that permission is needed in order for legal officers to access this information. The information will be treated with confidentiality and respect, and shared only as needed to prosecute the offender. I am aware that providing this information is not a guarantee that the case will be prosecuted or that a conviction will be achieved, but I have been informed that everything possible will be done to promote justice.

Signature or X mark: ____________________________ Date________________
Witness (for X mark): ____________________________ Date________________
Annex 3: Example of Monthly Reporting Form to MoGD on GBV Activities and Case Management

Ministry of Gender and Development
Monthly Reporting on GBV Activities and Cases

This form is to be completed by each agency that is implementing prevention and or response activities in the area of gender based violence. The form is to be sent to the relevant County Gender Coordinator OR the MoGD GBV Unit in Monrovia 06232979.

Reports are due no later than 5th of each month.

<table>
<thead>
<tr>
<th>SUMMARY OF AGENCY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Month:</td>
<td></td>
</tr>
<tr>
<td>Name of Agency:</td>
<td></td>
</tr>
<tr>
<td>Name and position of person completing form:</td>
<td></td>
</tr>
<tr>
<td>Contact details of Agency:</td>
<td>Ph:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUMMARY OF ACTIVITIES CONDUCTED IN REPORTING MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information here could include:</td>
</tr>
<tr>
<td>- brief information on any trainings, workshops, seminars that your organization has organized</td>
</tr>
<tr>
<td>- information on international or local campaigns that your organization is actively working on</td>
</tr>
<tr>
<td>- new developments in projects ie. New project starting up or current project ending. Include thematic and geographic area.</td>
</tr>
<tr>
<td>- New training manuals or BCC materials your organization has developed</td>
</tr>
<tr>
<td>Note – you do not have to fill in for each area. Only what is relevant for your organization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LEGAL:</th>
</tr>
</thead>
</table>
### CASE MANAGEMENT REPORTING FORM

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th>CASE 1</th>
<th>CASE 2</th>
<th>CASE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivor Referral Code / Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously Reported to MoGD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Report Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Time of Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Incident took place in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Incident took place in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town / village incident took place in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of alleged perpetrator(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex of alleged perpetrator(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of alleged perpetrator(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alleged perpetrator’s relationship to survivor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation of alleged perpetrator(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex of survivor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of Survivor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of dependents (if adult)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person with disability?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who was case first reported to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case referred to which health care provider?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case referred to which police station?
Case referred to which psychosocial provider?
Case referred to which legal aid provider?
Case referred to which Safe House provider?
Case referred to which empowerment service?
Medical Reporting Form provided?
Type of medical care provided?
Has Alleged Perpetrator(s) been arrested?
Was case sent to court?
Result of Court Hearing?
No of days survivor spent in safe house?
Annex 4. Example of Survivor Referral Card with instructions on how to use

Explanation of GBV case intake / referral card

*Cards are to be used for ONLY the following types of GBV – Rape (01); Gang Rape (02); Attempted Rape (03); Sexual Assault (05) and Domestic Violence (07) as survivors of these types of violence are more likely to utilize services of more than one agency.
STEPS TO USING SURVIVOR REFERRAL CARD

step 1
- Survivor reports SGBV crime to any response or support agency.
- Agency to ask if survivor has reported the case to any other agency/person and if she/he has have they been given a Survivor Referral Card already?

step 2
- If YES - number on card to be written on already exsiting agency intake form.
- If NO - survivor to be given a card (ensuring that the third set of numbers on the card are the right code for the type of SGBV being reported).

step 3
- At the end of every month each response agency to send to their County Gender Coordinator a list of all of the numbers that they have issued or recieved during that month.

step 4
- County Gender Coordinators will send these numbers to the MoGD in Monrovia where numbers will be entered into the MoGD database.
Annex 5 Referral Pathway

**Survivor tells someone** of the incident. The survivor under 18 years should be accompanied by an adult in the best interest of the child. *Someone refers to any credible and trusted person, could be member of the family, community leader or designated Focal Points*

**The Focal Point** provides refers all cases appropriately:

The focal point must have all information on the referral pathway, abide by the GBV guiding principles and help the survivor to make an informed choice. Explain services are free and confidential (Focal Point can be from the community, government or civil societies)

**Access to Legal and Justice**
Inform or refer to Legal and security service providers
1. Ensure advice for medical services, especially for Medical Forms
2. Assist the survivors understand the importance of legal avenues, and transparently, advice on both the expected process.
3. Primary consideration should be given to the safety of the survivor, ensure respect and observance of their rights.

**Access to Security service**
The Liberian National Police (preferably Women & Children protection Units). The primary role is to ensure that the survivor is safe:
Police takes statement; refer to health, legal or psychosocial service providers

**Access to Health/psychosocial**
1. Inform the survivor of the need to access health services.
2. Provide Clinical Management/post rape care referrals, emotional support abiding by the guiding principles.
3. Complete the medical forms
4. Refer appropriately (Police, legal, or psychosocial providers.
5. Where appropriate, refer to community support groups (Women Groups, etc)

**For long-term Care**

Does the survivor wish to receive community follow-up, psychosocial support/Counseling social integration services?

Women’s groups/community networks in the location

food, shelter (safe houses) and linkages to economic activities and other livelihood opportunities

Legal support | Safety and Security | Health for medical complications/indications
Referral Pathway

A referral pathway means the places you can go when you are forced to do man and woman business. These places are hospitals, counselors, police and court. You can go to any of these places first, in any order.

<table>
<thead>
<tr>
<th>Referral Pathway</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL</strong></td>
<td>When anyone forced you to do man and woman business, you should go to any of these hospitals. The people at the hospital will check you very well and give you free medicine. And they will also give you paper called the ‘medical report’ to take to the police. <strong>YOU ARE NOT TO PAY ANY MONEY FOR THIS HELP.</strong></td>
</tr>
<tr>
<td><strong>POLICE</strong></td>
<td>If you are forced to do man and woman business. You suppose to report the matter to the police. The police will write what happened to you and send you to the hospital for check up, and also send you to the court if you want the matter to go to the court. They will also make sure you are safe. <strong>YOU ARE NOT TO PAY ANY MONEY FOR THIS HELP.</strong></td>
</tr>
<tr>
<td><strong>COUNSELOR</strong></td>
<td>When you are forced by anyone to do man and woman business you should go to a trained counselor, someone who will talk to you to cool your heart down. They will keep your story to themselves and not tell the case to anyone. The counselor will help to show you the way to the hospital, the police and how to go to the court if you want. They will keep checking on you to make sure you are alright. <strong>YOU ARE NOT TO PAY ANY MONEY FOR THIS HELP.</strong></td>
</tr>
<tr>
<td><strong>COURT</strong></td>
<td>When anyone forced you to do man and woman business, make sure to take the matter to the court because it is against your rights and against the law of Liberia. The court will ask you to say all that the person did to you, and they will also make the police bring the person who did the bad thing to you. <strong>YOU ARE NOT TO PAY ANY MONEY FOR THIS HELP.</strong></td>
</tr>
</tbody>
</table>
Annex 6. Resource List

Liberian Specific Documents:

A. GBV County Contact Directories (note this will be available by end of August 2009 – see NRC / MoGD)

B. Liberian Judges Bench Book (see Chief Justice)

C. Prosecutors Hand Book (see MoJ / SGBV CRIMES UNIT)

D. Clinical Management of Rape (see MoH&SW)

Liberian Specific Forms and Tools:

A. MoH&SW Medical Reporting Form

B. MoGD Monthly GBV Reporting Form

C. MoGD / NRC Referral Pathway Poster

D. Case Intake and Referral Forms

Guiding International Documents

E. IASC Guidelines for GBV Interventions in Humanitarian Settings
   http://www.humanitarianinfo.org/iasc/gender

   http://www.who.int/gender/documents/OMS_Ethics&Safety

   WHO Guidelines – For Medical and Legal

G. IASC Guidelines Women, Girls, Boys and Men Different Needs Equal Opportunities

H. Minimum Initial Service Package (MISP) for Reproductive Health

I. REPORTING AND INTERPRETING DATA ON SEXUAL VIOLENCE FROM CONFLICT-AFFECTED COUNTRIES “DOS AND DON’TS” UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT